

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS

Domestic Partner Coverage
Monthly Imputed Income
State Monthly Group – 2004 Rates

PLAN	MONTHLY IMPUTED INCOME		
	No Premium Share	Premium Share (Member & Spouse or Domestic Partner)	Premium Share (Family)
Traditional Plan	\$457.74	\$327.25	\$335.26
NJ PLUS	\$286.23	NA	NA
Aetna Health	\$284.04	\$266.91	\$268.60
CIGNA Health	\$324.81	\$305.63	\$306.94
Oxford	\$290.39	\$272.97	\$274.42
Amerihealth	\$305.19	\$286.50	\$288.18
Healthnet	\$321.86	\$302.90	\$303.99
Prescription Drug Plan	\$102.81	NA	NA
Dental Expense Plan	NA	\$29.29	\$29.26
Healthplex	NA	\$11.68	\$11.64
Fortis	NA	\$11.68	\$11.64
Flagship Health Systems	NA	\$11.68	\$11.64
Horizon Dental Choice	NA	\$11.68	\$11.64
Benecare	NA	\$14.99	\$14.95
Community Dental	NA	\$13.99	\$13.95
CIGNA	NA	\$12.14	\$12.10
Group Dental Health Administrators	NA	\$12.04	\$12.00
Unity	NA	\$10.73	\$10.69
Dental Group of NJ	NA	\$10.46	\$10.42
Aetna DMO	NA	\$10.79	\$10.75